	Connecticut De	partment of	Public H	lealth	Drink	king V	<i><b>Vater</b></i>	· Se	ction	
		uality Monit								
PWS ID	PWS Name		011110		Classifica			_	ner Type Pi	rimary Source
CT078117	1ST BAPTIST CHURCH				NC		25		Р	GW
Local Add	lress (where applicable)		Service	Residen	tial Com	mercial	Industr	ial	Combined	Agricultura
945 STOR	RS ROAD		Connections	1						
Towns Se	rved: MANSFIELD		1					·		
		Monito	oring Requ	uireme	nts					
Water Sy	stem Facility: <b>DISTRIBUTIO</b>	N SYSTEM (WSF I	D: 00600)							
	oliform (3100)						1	1 rou	ر (RT) tine	oer quarter
Sam	pling Point (Sampling Point ID)			Monitori	ng Period	l Colle	ection Pe	riod	Compli	ance Status
Sele	ct from Inventory of Active Samp		4/1/18 -	6/30/18				Co	mplete	
				7/1/18 -	9/30/18				Co	mplete
				10/1/18 -		3				
					3/31/19					
				4/1/19 -	6/30/19					
-	Parameters (PPS)									oer quarter
	pling Point (Sampling Point ID)			Monitori		l Colle	ection Pe	riod		ance Status
Sele	ct from Inventory of Active Samp	ling Points			6/30/18					mplete
					9/30/18				Со	mplete
				10/1/18 -		3				
					3/31/19					
Motor C	stone Facility FNTDV DOINT	(MCE ID: 00700)		4/1/19 -	6/30/19					
	ystem Facility: ENTRY POINT	(WSF ID: 00700)								T\
	And Nitrite (NOX) pling Point (Sampling Point ID)			Monitori	na Perioa	l Colle	ection Pe		-	T) per year ance Status
	RY POINT (3)			1/1/17 -			ection re	iiiou		mplete
LIVII	KIT OINT (3)			1/1/18 -						mplete
				1/1/19 -						Прісте
	Water	System Facili	ity and Sai				orv			
Water		70,000		9		Tota		and		
System	Water System Facility	Sampling Point	Sampling Poi	int		Colifor				Stage
Facility II		ID	Description		Statu	is Rule			Asbestos	WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM		Υ				
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	N A					
		UPSTREAM	WITHIN 5 SEF	RVICE CON	N A					
00700	ENTRY POINT	3	ENTRY POINT		Α					
20048	WELL	2	WELL		Α					
		Con	tact Infor	mation						

20046 WELL				VVELL	<i>F</i>	`			
			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. John Riesen		1St Baptist C	Church		Chairman of Trustees				
Mailing Address Line One Mailing Addr				ess Line Two			City	State	Zip Code
945 Srorrs Rd						Stors/ M	lansfield	СТ	06268
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ddress		
860-429-6043						office@f	fbcmansfield	ct.com	
Contact Role(s): A	dministrative Co	ntact, Leg	gal Contact						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(	Lonnectic	ut Depa	rtment	of Public	Health	Drin	iking	water	Section	l	
	Wat	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	e		
PWS ID F	WS Name					Classifi	cation	Population	Owner Type	Pri	mary Source
CT0781172 1	ST BAPTIST CH	JRCH				N	С	25	Р		GW
Local Address (wh	ere applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combin	ed	Agricultural
945 STORRS ROAL	)			Connectio	ns 1	ns 1					
Towns Served: Ma	ANSFIELD				,	,				,	
Name				Organization					Job Tit	le	
Spring Hill Baptist	t Church										
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State		Zip Code
945 Storrs Rd							Mansfi	eld	СТ		06268
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	Phone	Email A	ddress			
Contact Role(s):	Owner										
Name				Organization					Job Tit	le	
The First Babtist (	Church of Mans	field									
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State		Zip Code
945 Storrs Rd							Mansfi	eld	СТ		06268
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	Phone	Email A	ddress			
Contact Role(s):	Owner										

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0780034	HOLIDAY MALL				NC	45	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1733 STORRS RO	OAD	Connections			3			

Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:			
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
Other Co.	mpliance Schodules		

### **Other Compliance Schedules**

Compliance Schedule Activity Due Date Achieved Date

CROSS CONNECTION EXEMPTION 3/1/2018

Public Notification Requirements											
Compliance Notice <u>Public Notification</u> <u>PN Certificati</u>											
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Physical Parameters M&R Violation	4/1/18 - 6/30/18	3	9/10/2019		9/20/2019						
Total Coliform M&R Violation	4/1/18 - 6/30/18	3	9/10/2019		9/20/2019						

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4 DOWNSTREAM UPSTREAM	DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON	A A A	Υ							
00700	ENTRY POINT	3	ENTRY POINT	A								
21337	WELL	2	WELL	Α								
54218	HOLIDAY MALL TREATMENT SYSTEM											

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	Connecticut Department of Public Health Drinking Water Section											
	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Sc											
СТ0780034	HOLIDAY MALL				NC	45	Р	GW				
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural				
1733 STORRS	ROAD	Connections	onnections 3									

		Water Sy	ystem	Facil	ity and S	ampling Poir	nt In	vento	ry		
Water System Water Sy Facility ID	ystem Facility		Sampling ID		Sampling I Description	-	atus	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR
54220 BLADDEI	R STORAGE										
				Cor	ntact Info	ormation					
Name				О	rganization					Job Title	
Mr. Robert Moskov	witz			E	&I Associate	s, LLC					
Mailing Address Lin	e One		Mailing A	Addres	ss Line Two			С	ity	State	Zip Code
117 Stonemill Road							Sto	rrs		СТ	06268
Business Phone	Extension	Fax		Mob	ile Phone	Emergency Phon	e Em	ail Addre	SS		
860-429-6109		860-429-8	3758								
Contact Role(s): A	dministrative (	Contact, Leg	al Contac	ct							
Name				О	rganization					Job Title	
E & I Associates LLC	3										
Mailing Address Lin	e One		Mailing A	Addres	ss Line Two			С	ity	State	Zip Code
117 Stonemill Rd							Sto	res		СТ	06268
Business Phone	Extension	Fax		Mob	ile Phone	Emergency Phon	e Em	ail Addre	SS		
Contact Role(s): Le	egal Contact, C	)wner									

### Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Page 4

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0780064	CAMP HOLIDAY HILL				NC	132	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
41 CHAFFEEVILI	E ROAD	Connections			3			

TOWNS Served: IMANSFIELD			
Monitor	ing Requirements		
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID:</b>	00600)		
Total Coliform (3100)		1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Physical Parameters (PPS)		1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Water System Facility: ENTRY POINT WELL #5 (WSF ID:	00700)		
Nitrate And Nitrite (NOX)		1	routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
Water System Facility: ENTRY POINT WELL #6 (WSF ID:	00701)		
Nitrate And Nitrite (NOX)		1	routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
Other Cor	mpliance Schedules		
Compliance Schedule Activity	Due Date	Achieved I	Date
RESPOND TO SANITARY SURVEY	1/9/2014		
RESPOND TO SANITARY SURVEY	11/18/2018		
CROSS CONNECTION SURVEY REPORT	12/31/2019	)	
Public Notif	ication Requirements		
	-	lic Notification	PN Certification

Public Notification Requirements									
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>									
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Physical Parameters M&R Violation	10/1/16 - 12/31/16	3	4/13/2018		4/23/2018				
Total Coliform M&R Violation	10/1/16 - 12/31/16	3	4/13/2018		4/23/2018				

Water			Total	Lead and	
System Water System Facility	Sampling Point	Sampling Point	Coliform	Copper	Stage
Encility ID	ID	Description	- Pulo	Bula Tion Ashestos I	NOD 2 DRDD

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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(	Connectic	ut Danart	mont of	Dublic F	Jaalth	Drir	hing	Water	Section	
(		ter Qualit					U			
PWS ID F	WS Name	ter quarre	y Monit	oring an	u don					Primary Sour
CT0780064	CAMP HOLIDAY	HILL				N	С	132	Р	GW
Local Address (wh	ere applicable)			Service	Residen	tial Co	mmercia	l Industria	al Combine	d Agricultur
41 CHAFFEEVILLE	ROAD			Connections	3		3			
Towns Served: Ma	ANSFIELD				1	,				
OOCOO DISTRI	DUTION CVCTEN	1	4	DISTRIBUTIO	NI CVCTENA	Sta			TIEL ASDESTO	S WQF Z DD
00600 DISTRI	BUTION SYSTEM		4	DISTRIBUTIO				ſ		
			-	WITHIN 5 SE						
00700 FNITDV	DOINT WELL HE		JPSTREAM	WITHIN 5 SE						
	POINT WELL #5		3	ENTRY POINT		<i>F</i>				
	POINT WELL #6		3	ENTRY POINT	Γ					
21340 WELL #			2	WELL		ŀ	4			
51405 WELL#	<del>‡</del> 6		2	WELL #6		P	<b>A</b>			
			Con	tact Infor	mation					
Name			Or	ganization					Job Title	9
Mr. Dudley Haml	in		Но	oliday Recreat	ion Cente	r, Inc		Director		
Mailing Address L	ine One	Ma	ailing Address	s Line Two				City	State	Zip Code
11 Chaffeeville Ro	ad						Mansfie	eld	CT	06250
<b>Business Phone</b>	Extension	Fax	Mobil	le Phone E	mergency	Phone	Email A	ddress		
860-423-1375		860-456-244	4		860-423-	1227	DUDLEY	.HAMLIN@	SNET.NET	
Contact Role(s):	Administrative	Contact								
Name			Or	rganization					Job Title	9
Ms. Gwen Duff			Но	oliday Recreat	ion Cente	r, Inc		Owner		
Mailing Address L	ine One	Ma	ailing Address	s Line Two				City	State	Zip Code
41 Chaffeeville Ro	ad						Mansfie	eld	СТ	06250
<b>Business Phone</b>	Extension	Fax	Mobil	le Phone E	mergency	Phone	Email A	ddress		

Contact Role(s): Legal Contact, Owner

### Please note the following:

860-423-1375

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

860-456-2444

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0780104	FIRST CHURCH OF CHRIST IN MANSFIELD			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
549 STORRS RO	AD	Connections		1			

TOWNS SERVED: IVIANSFIELD			
Monitori	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Water System Facility: ENTRY POINT - WELL 1A (WSF ID:	00701)		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
EP - WELL 1A (3)	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		
	1/1/19 - 12/31/19		
Public Notifi	cation Requirements		

Public Notification Requirements									
	Compliance Notice <u>Public Notification</u> <u>PN Certification</u>								
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Nitrate And Nitrite M&R Violation	1/1/17 - 12/31/17	3	3/19/2019		3/29/2019				

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00701	ENTRY POINT - WELL 1A	3	EP - WELL 1A	Α							
54900	WELL 1A	2	WELL 1A	Α							

Contact Information										
Name Organization Job Title										
Mr. John D. Little First C					of Christ					
Mailing Address Lin	e One		Mailing	Address Line Two			City State Zip C			
P. O. Box 36			(Attn. E	Business Committee	)	Mansfield	CT 06250			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
252 102 2022										

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Departmei	nt of Public H	lealth	Dr	inking	, Water	Section	
	Wa	ter Quality M	onitoring and	d Con	npli	iance S	Schedul	le	
PWS ID PWS Name					Class	sification	Population	Owner Type	Primary Source
СТ0780104	FIRST CHURCH C			NC	25	Р	GW		
Local Address (v	vhere applicable)		Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
549 STORRS ROA	AD.		Connections			1			
Towns Served: N	-							·	
860-423-9008	3			860-305	-2245	1			
Contact Role(s):	Administrative	Contact, Legal Contac	at .						

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS Name	Classification	Population	Owner Type	Prim

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0780134	COYOTE FLACO				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
50 HIGGINS HIG	HWAY (ROUTE 31)	Connections			1			

Monitoring R	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600	0)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Public Notification Requirements											
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>											
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Physical Parameters M&R Violation	4/1/04 - 6/30/04	2	11/6/2004		11/16/2004						
Total Coliform M&R Violation	4/1/04 - 6/30/04	2	11/6/2004		11/16/2004						
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	2/10/2005		2/20/2005						
Physical Parameters M&R Violation	7/1/04 - 9/30/04	3	1/11/2006		1/21/2006						
Total Coliform MCL Violation	7/1/06 - 9/30/06	2	10/7/2006		10/17/2006						

	Wa	ater System Facili	ity and Sampling P	oint Ir	ivento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21346	WELL	2	WELL	Α					

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0780134	COYOTE FLACO				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
50 HIGGINS HIG	HWAY (ROUTE 31)	Connections			1			

			(	Contact Inf	ormation				
Name				Organization	1	Job Title			
Mr. William Cabrer	а			Coyote Flaco	)				
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
50 Higgins Highway						Mansfiel	d	СТ	06250
Business Phone	Extension	Fax	N	Mobile Phone	Emergency Phone	Email Ad	dress		
860-423-4414									

Contact Role(s): Administrative Contact, Legal Contact, Owner

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	nartment of	Dublic H	[oalth	Dr	inle	ina I	Mator	Sc	oction	
	Connecticut De Water Q	uality Monit					_			ection	
PWS ID	PWS Name				Clas	sificat	ion Po	pulation	Ow	ner Type	Primary Sour
CT0780154	452 STAFFORD ROAD - 0	GRANDMA COMFOR	T FOOD			NC		25		Р	GW
Local Address (v	where applicable)		Service	Resident	tial	Comn	nercial	Industria	al	Combine	d Agricultur
452 STAFFORD I	ROAD		Connections			-	1				
Towns Served: I	MANSFIELD						,				
		Monito	oring Requ	iremer	nts						
Water System	Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)								
<b>Total Coliforn</b>	n (3100)							1	rou	utine (RT	per quarte
Sampling F	Point (Sampling Point ID)			Monitorin	ng P	eriod	Coll	ection Per	riod	Comp	liance Status
Select from	n Inventory of Active Sam	pling Points		4/1/18 -	6/30	0/18				C	omplete
				7/1/18 -	9/30	0/18				C	omplete
				10/1/18 -	12/3	31/18					
				1/1/19 -	3/3:	1/19					
				4/1/19 -	6/30	0/19					
<b>Physical Para</b>								1	rou		per quarte
	Point (Sampling Point ID)			Monitorin			Coll	ection Pei	riod		liance Status
Select from	n Inventory of Active Sam	pling Points		4/1/18 -		-				C	omplete
				7/1/18 -						C	omplete
				10/1/18 -							
				1/1/19 -							
				4/1/19 -	6/30	0/19					
•	Facility: ENTRY POIN	T (WSF ID: 00700)									
Nitrate And N											RT) per yea
	Point (Sampling Point ID)			Monitorin			Coll	ection Per	riod		liance Status
ENTRY POI	NT (3)			1/1/17 - 1							omplete
				1/1/18 - 1						C	omplete
				1/1/19 - 1							
		Other Co	ompliance	Sched	ule	es .					
Compliance Sch				C	Due I	Date		Achie	ved	Date	
RESPOND TO SA	ANITARY SURVEY			10	)/27	/2018					
RESPOND TO SA	ANITARY SURVEY			10	)/27	/2018					
	Wate	r System Facili	ty and Sar	npling	Po	int Ir	nvent	ory			
Water System Wate Facility ID	er System Facility	Sampling Point ID	Sampling Poi Description	nt		Status	Tota Colifor Rule	rm Copp	oer		Stag S WQP 2 DB
00600 DISTI	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ				

	W	ater System Facili	ity and Sampling P	oint Ir	rvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21348	WELL	2	WELL	Α					

				Contact Info	ormation						
Name Organization Job Title											
Mr. Ken Burkamp											
Mailing Address Lin	e One		Mailing	Address Line Two	City		State	Zip Code			
811 Main Street			P O Bo	x 1021	1021			СТ	06045-1021		
Business Phone Extension Fax				Mobile Phone	Emergency Phone	Email Address					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Depa	rtme	nt of	Public	Health	Drin	iking	g Water	Section	n	
	Wa	ter Qua	lity M	lonite	oring a	nd Con	nplia	nce S	<u>Schedul</u>	e		
PWS ID	PWS Name						Classifi	cation	Population	Owner Typ	e Pr	imary Source
CT0780154	452 STAFFORD F	ROAD - GRAN	IDMA CO	OMFORT	IFORT FOOD			С	25	Р		GW
Local Address (w	here applicable)				Service	Residen	itial Co	mmerci	al Industri	al Combi	ned	Agricultural
452 STAFFORD R	OAD				Connection	ns		1				
Towns Served: M	IANSFIELD						·					
860-646-1442						860-646-	-1442					
Contact Role(s):	Administrative	Contact, Leg	al Conta	ct								
Name				Or	ganization					Job Ti	tle	
The Five Ks Reali	ty Trust LLC											
Mailing Address I	Line One		Mailing	Address	Line Two				City	State	5	Zip Code
452 Stafford Rd								Mansfi	eld	СТ		06250
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Phone	Email A	Address	·		
Contact Pole(s)	Owner											

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C				Clas	ssification	Population	Owner Type	Primary Source
CT0780164	0780164 CUMBERLAND FARMS				NC	33	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1660 STORRS RO	OAD(OR 643 MIDDLE TURNPIKE)	Connections			1			

Towns Served: MANSFIELD			
Monitor	ing Requirements		
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID:</b>	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
Other Con	npliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate

Other Compliance Schedules						
Compliance Schedule Activity	Due Date	Achieved Date				
RESPOND TO SANITARY SURVEY	6/27/2014					
CROSS CONNECTION SURVEY REPORT	3/1/2015					
RESPOND TO SANITARY SURVEY	10/27/2018					
RESPOND TO SANITARY SURVEY	10/27/2018					
CROSS CONNECTION SURVEY REPORT	3/1/2019					

Public Notification Requirements							
	Compliance	Notice	otice <u>Public Notification</u> <u>PN Certification</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
Total Coliform M&R Violation	1/1/13 - 3/31/13	2	7/24/2013		8/3/2013		
Physical Parameters M&R Violation	1/1/13 - 3/31/13	3	6/24/2014		7/4/2014		
Total Coliform M&R Violation	11/1/17 - 11/30/17	3	3/19/2019		3/29/2019		

	Wa	ter System Facili	ty and Sampling P	oint Ir	iventoi	у		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	0.1-		Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	donnectical Department of Fublic Treater Diffixing Water Section								
	Water Quality Monit	oring and	d Con	npl	liance S	Schedul	e		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primar	y Source
CT0780164	CUMBERLAND FARMS				NC	33	Р	G	iW
Local Address	(where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combin	ed Agr	icultural
1660 STORRS	ROAD(OR 643 MIDDLE TURNPIKE)	Connections			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: MANSFIELD

Towns Serv	ved: MAN	NSFIELD									
		,	Water Sy	stem Faci	lity and S	Sampling P	oint In	vento	ry		
Water								Total	Lead and		
System	Water Sy	stem Facility	9	Sampling Poin	t Sampling	Point		Coliform	Copper		Stage
Facility ID				ID	Description Status Rule Rule Ti				Rule Tier	Asbestos	WQP 2 DBP
				UPSTREAM	WITHIN 5	SERVICE CON	Α				
00700	ENTRY P	OINT		3	ENTRY PO	INT	Α				
21349	WELL			2	WELL		Α				
				Co	ntact Inf	ormation					
Name				(	Organization					Job Title	
Mr. Mark	Souza			C	Cumberland	Farms		Ma	intenance I	Manager	
Mailing Ad	ldress Lin	e One		Mailing Addre	ss Line Two			С	ity	State	Zip Code
Cfi/Gulf A	Group of	Companies		2643 Hartford	Avenue		Joh	nston		RI	02919
Business	Phone	Extension	Fax	Mol	oile Phone	Emergency P	hone Em	ail Addre	ess		
401-477	7-2387		401-934-1	1827			ms	ouza@cu	ımberlandfa	arms.com	
Contact Ro	ole(s): Ac	dministrative (	Contact	'							
Name	'			(	Organization					Job Title	
Mr. Rober	t C. Schul	ler		(	Cumberland	Gulf Gpoup	Manager				

Contact Role(s): Legal Contact

Extension

### Please note the following:

Mailing Address Line One

2643 Hartford Avenue

**Business Phone** 

800-452-0333

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mailing Address Line Two

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Zip Code

02719

State

RΙ

City

rschuler@cumberlandgulf.com

Johnston

Emergency Phone Email Address

508-270-1413

Connecticut Department of Public Health Drinking Water Section								
	Water Quality Monit	oring and	d Con	npl	iance S	Schedul	.e	
PWS ID	PWS Name				ssification	Population	Owner Type	Primary Source
CT0780174	SPRING HILL CAFE LLC				NC	72	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
1029 STORRS ROAD Connections 1								
Towns Served: N	MANSFIELD							
	D.4	• • • •	•					

Towns Served: MANSFIELD					
Monitoring	g Requirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)				
Total Coliform (3100)		1 rout	ine (RT) per quarter		
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Comp					
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete		
	7/1/18 - 9/30/18		Complete		
	1/1/19 - 3/31/19				
	4/1/19 - 6/30/19				
Total Coliform (3100)			3 (TR) per month		
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status		
Select from Inventory of Active Sampling Points	10/1/18 - 10/31/18				
Physical Parameters (PPS)		1 rout	ine (RT) per quarter		
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status		
DISTRIBUTION SYSTEM (4)	4/1/18 - 6/30/18		Complete		
	7/1/18 - 9/30/18		Complete		
	10/1/18 - 12/31/18				
	1/1/19 - 3/31/19				
	4/1/19 - 6/30/19				
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year		
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status		
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete		
	1/1/18 - 12/31/18		Complete		
	1/1/19 - 12/31/19				
Water System Facility: WELL (WSF ID: 21350)					
E. Coli (3014)		1 trigge	ered (TG) per period		
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status		
WELL (2)	9/17/18 - 9/23/18		Complete		
Other Comp	liance Schedules				
Compliance Schedule Activity	Due Date	Achieved D	ate		
RESPOND TO SANITARY SURVEY	8/31/2017				
L1 ASSESSMENT FORM SUBMITTAL	10/19/2018	10/17/20:	18		
L1 ASSESSMENT (MULTIPLE TC+)	10/19/2018	10/17/20:	18		
Water System Facility a	nd Sampling Point In	ventory			

	Wa	iter System Facili	ty and Samplin	g Point Ir	ventor	ry	
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier Asbestos W	Stage QP 2 DBPR
00600	DISTRIBUTION SYSTEM	01	REALTOR BATH	Α	Υ	Υ	
		02	CAFE BATH 1	Α	Υ	Υ	
		03	CAFE BATH 2	Α	Υ	Υ	
		04	3 BAY SINK	Α	Υ	Υ	

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		0 -		1				
PWS ID	PWS Name			Classification	n Populatio	n Owne	er Type I	Primary Source
CT0780174	SPRING HILL CAFE LLC	NC	72	ı	Р	GW		
Local Address (v	where applicable)	Service	Residen	itial Comme	rcial Indus	rial C	Combined	d Agricultural
1029 STORRS R	DAD	Connections		1				

Wat	Water System Facility and Sampling Point Inventory											
Water				Total	Lead and							
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper Stage							
Facility ID	ID	Description	Status	Rule	Rule Tier Asbestos WQP 2 DBPR							
	05	HAND SINK	Α	Υ	Υ							
	06	GIFT SHOP SINK	Α	Υ	Υ							
	07	APARTMENT KITCHEN	Α	Υ	Υ							
	08	APARTMENT BATH	Α	Υ	Υ							
	4	DISTRIBUTION SYSTEM	Α	Υ								
	DOWNSTREAM	DISTRIBUTION SYSTEM	Α									
	UPSTREAM	DISTRIBUTION SYSTEM	Α	Υ								
00700 ENTRY POINT	3	ENTRY POINT	Α									
21350 WELL	2	WELL	Α									

			C	ontact Inf	ormation					
Name				Organization Job Title						
Mr. Michael McDonald				Spring Hill Ca	afe LLC					
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code	
1029 Storrs Road						Storrs		СТ	06268	
Business Phone Extension Fax N				obile Phone	Emergency Phone	Email Ad	dress			
860-878-8597						stixnstonesct@yahoo.com				

Contact Role(s): Administrative Contact, Legal Contact, Owner

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Sour	rce
CT0780204	LUCKY STRIKE LANES, INC.				NC	25	Р	GW	
Local Address (w	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultui	ral
185 STAFFORD F	ROAD	Connections			1				

Towns Served: MANSFIELD

Monitori	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
Other Con	nnliance Schedules		

### **Other Compliance Schedules**

Compliance Schedule Activity Due Date Achieved Date

CORRECTIVE ACTION/CORRECTIVE ACTION PLAN

4/30/2013

	V	Vater System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water					Total	Lead and			
System	<b>Water System Facility</b>	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21352	WELL	2	WELL	Α					
54222	ATM STORAGE TANK								
54224	PRESSURE STORAGE								

Contact Information										
Name Organization Job Title										
Mr. Jessie L. Dunnack	Mr. Jessie L. Dunnack Lucky Strike Lanes Inc Sec. & Treasurer									
Mailing Address Line One	Mailing Addr	ess Line Two		City	State	Zip Code				
127 Stafford Rd		,	Mansfie	ld Center	СТ	06250				

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C	onnectic	ut Depa	irtment of	Public	Health	Drir	nking	Water	Section	
	Wa	ter Qua	lity Monit	oring a	nd Con	nplia	nce S	chedul	e	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0780204 LI	JCKY STRIKE L	ANES, INC.				N	IC	25	Р	GW
Local Address (who	ere applicable)			Service	Resider	ntial Co	mmercia	l Industri	al Combine	ed Agricultural
185 STAFFORD RO	AD			Connectio	ns		1			
Towns Served: MA	NSFIELD									-
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	y Phone	Email A	ddress		
860-423-8510										
Contact Role(s):	Owner									
Name			Or	ganization					Job Titl	е
Mr. Robert A. Dun	ınack, Sr.		Lu	cky Strike L	anes Inc			Owner		
Mailing Address Li	ne One		Mailing Address	s Line Two				City	State	Zip Code
127 Stafford Rd							Mansfie	eld Center	СТ	06250
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	y Phone	Email A	ddress	'	
203-423-8510							luckystr	ikelanesct@	gmail.com	
Contact Role(s):	Administrative	Contact, Les	gal Contact							

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Water Quality Monitoring and Compliance Schedule  PWS 1D PWS Name  CTO780234 MANSFIELD DRIVE-IN  Local Address (where applicable)  Service Connections  Monitoring Requirements  Water System Facility:  DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)  Select from Inventory of Active Sampling Points  Select from Inventory of Active Sampling Points  Sampling Point (Sampling Point ID)  Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  Monitoring Period  Collection Period  Complete  T/1/18 - 9/30/18  Complete  10/1/18 - 12/31/18  1/1/19 - 3/31/19  Water System Facility  Water System Facility  Sampling Point (Sampling Point ID)  Water System Facility  Sampling Point (Sampling Point ID)  Water System Facility  Sompling Point Sampling Point Inventory  Water System Facility  Sompling Point Service  PoonnystreAm  Within S SERVICE CON  A  UPSTREAM  Within S SERVICE CON  A  UPSTREAM  Within S SERVICE CON  A  Within S SERVICE CON  A  VIEWEL  Sazzo Hydropendatic Cannel Total  Within S SERVICE CON  A  Within S SERVICE CON		Connecticut De	partment of	Public H	lealth	Drink	ing V	Water	· Se	ction	
PMS   Name			-				_				
Service   Residential   Commercial   Industrial   Commitmed   Agricultural   Commitmed   Agricultural   Commitmed   Commitme	PWS ID		<u>J</u>	0					_	ner Type P	rimary Source
Towns Served: MANSFIELD   Monitoring Requirements   Monitoring Requirements	CT0780234	MANSFIELD DRIVE-IN				NC		25		Р	GW
Monitoring Requirements   Sampling Point (Sampling Point (Sa	Local Addres	s (where applicable)		Service	Resident	tial Com	mercial	Industr	ial	Combined	Agricultural
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)  Select from Inventory of Active Sampling Point ID)  Select from Inventory of Active Sampling Points  4/1/18 - 6/30/18  7/1/18 - 9/30/18  1/1/19 - 3/31/19  4/1/19 - 3/31/19  4/1/19 - 3/31/19  Physical Parameters (PPS)  Physical Parameters (PPS)  Select from Inventory of Active Sampling Points  4/1/19 - 6/30/19  Physical Parameters (PPS)  Physical Parameters (PPS)  Select from Inventory of Active Sampling Point ID)  Monitoring Period  Select from Inventory of Active Sampling Points  4/1/18 - 6/30/18  Select from Inventory of Active Sampling Points  4/1/18 - 6/30/18  Complete  7/1/18 - 9/30/18  Complete  1/1/19 - 3/31/19  4/1/19 - 3/31/19  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  Monitoring Period  Collection Period  Complete  1/1/19 - 3/31/19  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  Water System Facility and Sampling Point Inventory  Water System Facility  Wate	228 STAFFOR	RD ROAD		Connections			1				
Total Coliform (3100)   Total Coliform (3100)   Select   Form   Inventory of Active Sampling Points   Al/1/18 - 6/30/18   Complete	Towns Serve	d: MANSFIELD				1			<u>'</u>		'
Transit			Monito	oring Requ	iireme	nts					
Sampling Point (Sampling Point ID)	Water Syste	em Facility: DISTRIBUTION	N SYSTEM (WSF II	D: 00600)							
Select from Inventory of Active Sampling Points	Total Colife	orm (3100)							1 rou	itine (RT)	per quarter
Total   Tota	Samplin	ng Point (Sampling Point ID)			Monitorii	ng Period	Coll	ection Pe	eriod	Compl	iance Status
10/1/18 - 12/31/18   1/1/19 - 3/31/19   1/1/19 -	Select fi	rom Inventory of Active Samp	ling Points		4/1/18 -	6/30/18				Co	mplete
					7/1/18 -	9/30/18				Co	mplete
Physical Parameters (PPS)											
Physical Parameters (PPS)         I routine (RT) per quarter Collection Period Collection Period Collection Period Collection Period Compliance Status           Select from Inventory of Active Sampling Points         4/1/18 - 6/30/18         Complete           Select from Inventory of Active Sampling Points         4/1/18 - 6/30/18         Complete           10/1/18 - 1/2/31/18         10/1/18 - 1/2/31/18         Complete           11/1/19 - 3/31/19         4/1/19 - 6/30/19         Complete           Water System Facility: ENTRY POINT (WSF ID: 00700)           Monitoring Period Collection Period					1/1/19 -	3/31/19					
Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  A/1/18 - 6/30/18  A/1/18 - 9/30/18  A/1/18 - 9/30/18  A/1/18 - 9/30/18  A/1/18 - 9/30/18  A/1/19 - 3/31/19  A/1/19 - 3/31/19  A/1/19 - 6/30/19  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  Nomitoring Period  Monitoring Period  Monitoring Period  Collection Period  Complete  Complete  Complete  Complete  And Nitrite (NOX)  Sampling Point (Sampling Point ID)  Monitoring Period  Collection Period  Complete  Complete  Complete  Complete  Complete  Complete  Complete  Accomplete  Accomplete  Complete  Collection Period  Collection Period  Collection Period  Collection Period  Collection Period  Collection Period  Complete  Compl					4/1/19 -	6/30/19					
Select from Inventory of Active Sampling Points	-	=							1 rou		•
Toutine (RT) per year   Sampling Point (Sampling Point (System Facility)   Sampling Point   System Facility   Sampling Point   Status   Stat							Coll	ection Pe	eriod		
10/1/18 - 12/31/18   1/1/19 - 3/31/19   4/1/19 - 6/30/19	Select fi	rom Inventory of Active Samp	ling Points								
1/1/19 - 3/31/19   4/1/19 - 6/30/19   Water System Facility: ENTRY POINT (WSF ID: 00700)   Water System Facility: ENTRY POINT (WSF ID: 00700)   Water System Facility: ENTRY POINT (WSF ID: 00700)   Water System Facility: ENTRY POINT (3)   1/1/17 - 12/31/17   Complete										Co	mplete
Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  Monitoring Period  Collection Period  Complete  1/1/17 - 12/31/17  Complete  1/1/19 - 12/31/18  Complete  1/1/19 - 12/31/19  Water System Facility and Sampling Point Inventory  Water System Water System Facility  ID  Description  Status  Complete  Status  Coliform  Copper  Stage  Rule Rule Tier Asbestos WQP 2 DBPR  Rule Rule Tier Asbestos WQP 2 DBPR  DOWNSTREAM  WITHIN 5 SERVICE CON  A  DOWNSTREAM  WITHIN 5 SERVICE CON  A  O0700 ENTRY POINT  3 ENTRY POINT  A  1 routine (RT) per year  Collection Period  Complete  Complete  Complete  Complete  Complete  Complete  Complete  1/1/19 - 12/31/19											
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)  Note											
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Compliance Status  1/1/17 - 12/31/17 Complete 1/1/18 - 12/31/18 Complete 1/1/19 - 12/31/19  Water System Facility and Sampling Point Inventory  Water System Vater System Facility ID Description  Sampling Point Status Sampling Point Description  OBJITRIBUTION SYSTEM  UPSTREAM UPSTREAM UPSTREAM WITHIN 5 SERVICE CON A  O0700 ENTRY POINT  Sampling Point UPSTREAM WITHIN 5 SERVICE CON A  O0700 ENTRY POINT  SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  O0700 ENTRY POINT  SERVICE CON A  OO700 ENTRY POINT  SERVICE CON A  OO					4/1/19 -	6/30/19					
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  1/1/17 - 12/31/17  1/1/18 - 12/31/18  Complete  1/1/19 - 12/31/19  Water System Facility and Sampling Point Inventory  Water System Water System Facility  ID  Description  Status  Status  A  Y  DOWNSTREAM  WITHIN 5 SERVICE CON  A  UPSTREAM  WITHIN 5 SERVICE CON  ENTRY POINT  3 ENTRY POINT  A  21355 WELL  2 WELL  A  Monitoring Period Collection Period Compliance Status Complete  1/1/17 - 12/31/19  Complete  Complete  1/1/19 - 12/31/19  Sampling Point Inventory Copper Stage Rule Rule Tier Asbestos WQP 2 DBPR		•	(WSF ID: 00700)								
ENTRY POINT (3)  1/1/17 - 12/31/17  1/1/18 - 12/31/18  1/1/19 - 12/31/19  Water System Facility and Sampling Point Inventory  Water System Facility  Sampling Point Sampling Point Coliform Copper Stage  Facility ID  Description  Office Status  A  DISTRIBUTION SYSTEM  A  DOWNSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  O0700 ENTRY POINT  3 ENTRY POINT  3 ENTRY POINT  A  21355 WELL  2 WELL  A  SP276 HYDROPNEUMATIC TANK		•								-	
1/1/18 - 12/31/18   Complete   1/1/19 - 12/31/19							Coll	ection Pe	eriod		
Water System Facility and Sampling Point Inventory  Water System Facility Sampling Point Sampling Point Coliform Copper Stage Facility ID Description SYSTEM A Y  DOWNSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  100700 ENTRY POINT 3 ENTRY POINT A  100700 ENTRY POINT A	ENTRY F	POINT (3)									-
Water System Facility and Sampling Point Inventory  Water System Water System Facility Sampling Point ID Sampling Point Coliform Copper Stage Facility ID Description SYSTEM A Y  DOWNSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  100700 ENTRY POINT 3 ENTRY POINT A  21355 WELL 2 WELL A  S9276 HYDROPNEUMATIC TANK										Сс	omplete
Water System Water System Facility Facility ID  Sampling Point Description  O0600 DISTRIBUTION SYSTEM  UPSTREAM WITHIN 5 SERVICE CON A											
System Water System Facility ID		Water	<sup>r</sup> System Facili	ty and Sar	npling	Point I	nven	tory			
Facility ID  O0600 DISTRIBUTION SYSTEM  O0600 DOWNSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  O0700 ENTRY POINT  3 ENTRY POINT  A  21355 WELL  2 WELL  A  Fig. 10  Description  Status  Rule  Rule Tier Asbestos WQP 2 DBPR  A  Y  DOWNSTREAM  WITHIN 5 SERVICE CON  A  UPSTREAM  WITHIN 5 SERVICE CON  A  A  21355 WELL  A											
00600 DISTRIBUTION SYSTEM  4 DISTRIBUTION SYSTEM A Y  DOWNSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  00700 ENTRY POINT  3 ENTRY POINT  A  21355 WELL  2 WELL  A		ater System Facility			nt		D. J	-	•	Achastas	
DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A  00700 ENTRY POINT 3 ENTRY POINT A  21355 WELL 2 WELL A  59276 HYDROPNEUMATIC TANK		ICTRIBUTION CVCTENA			L CVCTER A			e Kule	? Her	Aspestos	WQP Z DBPK
UPSTREAM WITHIN 5 SERVICE CON A  00700 ENTRY POINT 3 ENTRY POINT A  21355 WELL 2 WELL A  59276 HYDROPNEUMATIC TANK	00600 D	STRIBUTION SYSTEM					Y				
00700ENTRY POINT3ENTRY POINTA21355WELL2WELLA59276HYDROPNEUMATIC TANK											
21355 WELL 2 WELL A 59276 HYDROPNEUMATIC TANK	00700	ITOV DOINIT									
59276 HYDROPNEUMATIC TANK											
			2	WELL		Α					
Contact Information	59276 H	YDROPNEUMATIC TANK									
			Con	tact Infor	mation						

			Co	ntact Inf	ormation				
Name			Organization	ı		Job Title			
Mr. Michael R. Jung	gden	Mansfield D	rive In Theatre Inc	c President					
Mailing Address Lin	e One	ess Line Two			City	State	Zip Code		
228 Stafford Rd						Mansfie	ld Center	СТ	06250
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ddress		
860-456-2578					860-428-6346	MICHAE	L@MANSFIEL	DDRIVEIN.C	OM
Contact Role(s): A	dministrative	Contact, Leg	gal Contact, O	wner					

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Tracer quarrey 1.10.	inter mig and	4 4011	T P I	idii c c	onean	. —	
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
СТ0780234	MANSFIELD DRIVE-IN		NC	25	Р	GW		
Local Address (	where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
228 STAFFORD	ROAD	Connections			1			
Tarrina Camira di	MANICELELD							

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartment of	Public Healt	h Drink	king W	ater Se	ction		
	Water (	<b>Quality Monit</b>	oring and Co	mplian	ce Sch	edule			
PWS ID	PWS Name	<u> </u>		Classifica	tion Popu	ulation Ow	ner Type Pr	imary Source	
CT0780244	4 466 STORRS RD			NC		25	Р	GW	
Local Addr	ress (where applicable)		Service Resid	ential Comr	mercial I	ndustrial	Combined	Agricultural	
466 STORF	RS ROAD		Connections		1				
Towns Ser	ved: MANSFIELD			'	'	1			
		Monito	oring Requirem	ents					
Water Sys	stem Facility: DISTRIBUTION	ON SYSTEM (WSF II	D: 00600)						
<b>Total Col</b>	liform (3100)					1 rou	itine (RT) p	er quarter	
Samp	oling Point (Sampling Point ID	)	Monit	oring Period	Collect	tion Period	Complic	ance Status	
Select	t from Inventory of Active San	pling Points	4/1/1	8 - 6/30/18			Cor	mplete	
			7/1/1	8 - 9/30/18			Cor	mplete	
			10/1/1	8 - 12/31/18	}				
			1/1/1	9 - 3/31/19					
			4/1/1	9 - 6/30/19					
Physical	Parameters (PPS)					1 rou	itine (RT) p	er quarter	
Samp	oling Point (Sampling Point ID	)	Monit	oring Period	Collect	tion Period	Complic	ance Status	
Select	t from Inventory of Active San	npling Points	4/1/1	8 - 6/30/18			Cor	mplete	
			7/1/1	8 - 9/30/18			Cor	mplete	
			10/1/1	8 - 12/31/18	}				
			1/1/1	9 - 3/31/19					
			4/1/1	9 - 6/30/19					
Water Sys	stem Facility: ENTRY POIN	IT (WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)					1	routine (R	T) per year	
	oling Point (Sampling Point ID	)	Monit	oring Period	Collect	tion Period	<del>-</del>	ance Status	
ENTR	Y POINT (3)		1/1/1	7 - 12/31/17		Complete			
	· · ·			3 - 12/31/18				mplete	
				9 - 12/31/19				•	
		Other Co	ompliance Sch						
Compliand	ce Schedule Activity		•	Due Date		Achieved	Date		
RESPOND '	TO SANITARY SURVEY			9/17/2017					
	Wate	er System Facili	ty and Samplir	g Point I	nvento	ry			
Water		-			Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage	
Facility ID		ID	Description	Statu	s Rule	Rule Tier	Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYST	EM A	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE C	ON A					
		UPSTREAM	WITHIN 5 SERVICE C	ON A					
00700	ENTRY POINT	3	ENTRY POINT	А					
21356	WELL	2	WELL	Α					
		Con	tact Information	on					
Name			ganization				Job Title		
Mr Paniit	C Blazzan		aharaja Indian Posta		0.4	vnor			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mailing Address Line Two

Mobile Phone

Maharaja Indian Restaurant

Owner

City

ranjitsblaggen@gmail.com

Storrs

Emergency Phone Email Address

State

CT

Zip Code

06268

Mr. Ranjit S. Blaggen

48 Cedar Swamp Rd

**Business Phone** 

860-429-7383

Mailing Address Line One

Extension

Fax

Connectic	t Department of Public Health Drinking Water	Section
Wa	er Quality Monitoring and Compliance Schedu	le

				F				
PWS ID	PWS ID PWS Name						Owner Type	Primary Source
СТ0780244	466 STORRS RD			NC	25	Р	GW	
Local Address (v	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
466 STORRS RO	AD	Connections			1			

Contact Role(s): Administrative Contact, Legal Contact, Owner

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

## Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0780274	MANSFIELD LIBRARY BUCHANAN CENTER				NC	217	L	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
54 WARRENVILI	E ROAD	Connections			1			

Towns Served: MANSFIELD

ng Requirements			
0600)			
	1 rout	ine (RT) per quarter	
<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status	
4/1/18 - 6/30/18		Complete	
7/1/18 - 9/30/18		Complete	
10/1/18 - 12/31/18			
1/1/19 - 3/31/19			
4/1/19 - 6/30/19			
	1 rout	ine (RT) per quarter	
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>	
4/1/18 - 6/30/18		Complete	
7/1/18 - 9/30/18		Complete	
10/1/18 - 12/31/18			
1/1/19 - 3/31/19			
4/1/19 - 6/30/19			
	1 r	outine (RT) per year	
<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status	
1/1/17 - 12/31/17		Complete	
1/1/18 - 12/31/18		Complete	
1/1/19 - 12/31/19			
	Monitoring Period  4/1/18 - 6/30/18  7/1/18 - 9/30/18  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  Monitoring Period  4/1/18 - 6/30/18  7/1/18 - 9/30/18  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  Monitoring Period  1/1/17 - 12/31/17  1/1/18 - 12/31/18	1 rout  Monitoring Period Collection Period  4/1/18 - 6/30/18  7/1/18 - 9/30/18  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  1 rout  Monitoring Period Collection Period  4/1/18 - 6/30/18  7/1/18 - 9/30/18  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  1 rout  Collection Period  1/1/17 - 12/31/18  1/1/18 - 12/31/18	

Other	Compliance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
RESPOND TO SANITARY SURVEY	11/18/2018		

RESPOND TO SANITARY SURVEY 11/18/2019
CROSS CONNECTION SURVEY REPORT 3/1/2020

	W	ater System Facili	ity and Sampling P	oint Ir	iventoi	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21358	WELL	2	WELL	Α					
55690	BLADDER TANK							-	

	C	ontact Information				
Name		Organization		Job Title		
Mr. Bill J. Trietch		Town of Mansfield	Town of Mansfield			
Mailing Address Line One	Mailing Add	ress Line Two		City		Zip Code
4 South Eagleville Road			Mansfie	ld	СТ	06268

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(	Connectic	ut Depa	rtmen	nt of	Public	Health	Dri	nking	Water	Section		
	Wat	ter Qua	lity Mo	onit	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID F	WS Name						Classif	ication	Population	Owner Type	Primary Source	
CT0780274	ANSFIELD LIBF	RARY BUCHA	NAN CEN	TER			N	IC	217	L	GW	
Local Address (wh	ere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultural	
54 WARRENVILLE	54 WARRENVILLE ROAD				Connection	ns		1				
Towns Served: MA	ANSFIELD								"	, , , , , , , , , , , , , , , , , , ,	-	
Business Phone	Business Phone Extension Fax Mobile				e Phone	Emergenc	nergency Phone Email Address					
860-429-3322		860-487-	4443			860-234	360-234-1854 TrietchWJ@mansfieldct.org					
Contact Role(s):	Administrative	Contact										
Name				Or	Organization				Job Title			
Ms. Maria Caprio	la			To	own of Mansfield				Interim Town Manager			
Mailing Address L	ine One		Mailing A	ddress	Line Two				City	State	Zip Code	
Audrey P. Beck M	unicipal Building	3	4 South E	aglevil	le Road			Mansfi	eld	СТ	06268	
Business Phone	Extension	Fax		Mobile Phone Emerg			y Phone	Email A	Email Address			
860-429-3336								TownN	/Ingr@mans	fieldct.org		
Contact Role(s):	Legal Contact		'									

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartment of	Public H	ealth D	rinki	ing W	ater S	ection	
	Water Q	uality Monit	oring and	d Comp	lianc	e Sch	edule		
PWS ID	PWS Name	<u> </u>	0					vner Type P	rimary Source
CT0780334	847 STAFFORD ROAD				NC		25	Р	GW
Local Address	s (where applicable)		Service	Residentia	I Comm	ercial I	ndustrial	Combined	Agricultura
847 STAFFOR	RD ROAD		Connections	1	1				
Towns Served	d: MANSFIELD					'		I	
		Monito	oring Requ	irement	:S				
Water Syste	em Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)						
Total Colifo	orm (3100)						1 ro	utine (RT)	per quarter
Samplin	g Point (Sampling Point ID)			Monitoring	Period	Collec	tion Period	l Compl	iance Status
Select fr	om Inventory of Active Sam	pling Points		4/1/18 - 6/	30/18			Co	mplete
				7/1/18 - 9/	′30/18			Co	mplete
			:	10/1/18 - 12	2/31/18				
				1/1/19 - 3/	'31/19				
				4/1/19 - 6/	'30/19				
<b>Physical Pa</b>	rameters (PPS)						1 ro	utine (RT)	per quarter
	g Point (Sampling Point ID)			Monitoring		Collec	tion Period	d Compl	iance Status
Select from Inventory of Active Sampling Points				4/1/18 - 6/	30/18			Co	mplete
				7/1/18 - 9/	30/18			Co	mplete
				10/1/18 - 12					
				1/1/19 - 3/					
				4/1/19 - 6/	′30/19				
Water Syste	em Facility: ENTRY POIN	T (WSF ID: 00700)							
	d Nitrite (NOX)							<del>-</del>	RT) per year
	g Point (Sampling Point ID)			Monitoring		Collec	tion Period		iance Status
ENTRY P	POINT (3)			1/1/17 - 12					mplete
				1/1/18 - 12				Co	mplete
				1/1/19 - 12					
		Other C	ompliance	Schedu	les				
Compliance S	Schedule Activity			Du	e Date		Achieved	l Date	
RESPOND TO	SANITARY SURVEY			9/2	1/2017				
	Wate	er System Facili	ity and Sar	npling P	oint In	vento	ry		
Water						Total	Lead and	d	
•	ater System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBP
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
		DOWNSTREAM			Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700 EN	NTRY POINT	3	ENTRY POINT		Α				

				Contact Inf	formation				
				contact iiii	Offication				
Name				Organization	ı	Job Title			
Ms. Kerry John			Lucile John 1	Trust	Co-Trustee				
Mailing Address Lin	e One		Mailing Ad	ldress Line Two			City	State	Zip Code
855 Stafford Rd.						Storrs CT 06			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-429-2622									

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
СТ0780334	847 STAFFORD ROAD					NC	25	Р	GW
Local Address (v	where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
847 STAFFORD	ROAD		Connections	1		1			
									· · · · · · · · · · · · · · · · · · ·

Contact Role(s): Administrative Contact, Legal Contact, Owner

### Please note the following:

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End of schedule

	Connectic	ut Department of	Public H	lealth	Drink	ing W	/ater	Se	ction	
		ter Quality Monit								
PWS ID	PWS Name	oor Quarrey From	011118 0111	00117					ner Type F	Primary Source
CT078035	4 THOMPSONS GE	NERAL STORE			NC		25		P	GW
Local Addr	ress (where applicable)		Service	Resident	tial Comn	nercial	Industri	al	Combined	d Agricultural
54 MIDDLE	E TURNPIKE		Connections			1				
Towns Ser	ved: MANSFIELD				·	·				
		Monito	oring Requ	uiremei	nts					
Water Sys	stem Facility: <b>DISTR</b>	IBUTION SYSTEM (WSF II	D: 00600)							
	liform (3100)						1	rou		per quarter
	oling Point (Sampling Po			Monitorii	_	Colle	ction Pe	riod		liance Status
Selec	t from Inventory of Acti	ve Sampling Points		4/1/18 -						omplete
				7/1/18 -						omplete
				10/1/18 -					Co	omplete
				1/1/19 -						
	. (556)			4/1/19 -	6/30/19				(5=)	
-	Parameters (PPS)	aint (D)		0.4 i4 i-	an Daviad	Calla				per quarter
	oling Point (Sampling Po t from Inventory of Acti			<i>Monitorii</i> 4/1/18 -		Collec	ction Pe	rioa		omplete
Selec	t from inventory of Acti	ve sampling Points		7/1/18 -						omplete omplete
				10/1/18 -						omplete
				1/1/19 -						Jilipiete
				4/1/19 -						
Water Sys	stem Facility: ENTRY	/ POINT (WSF ID: 00700)		., _, _,	0,00,10					
Nitrate A	And Nitrite (NOX)							1	routine (I	RT) per year
Samp	oling Point (Sampling Po	oint ID)		Monitoria	ng Period	Colle	ction Pe	riod	Compl	liance Status
ENTR	Y POINT (3)			1/1/17 - 3	12/31/17				Co	omplete
				1/1/18 - 3	12/31/18				Co	omplete
				1/1/19 - 1	12/31/19					
		Water System Facili	ty and Sai	mpling	Point I	nvento	ory			
Water						Total	Lead	and		
System	Water System Facility	Sampling Point		int		Coliforn				Stage
Facility ID		ID	Description		Status		Rule	Tier	Aspestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM		DISTRIBUTION			Y				
		DOWNSTREAM								
00700	ENTRY DOLL'T	UPSTREAM	WITHIN 5 SEF							
00700	ENTRY POINT	3	ENTRY POINT		A					
60711	WELL 1	2	WELL 1		Α					
		Con	tact Infori	mation						

	Contact Information											
Name				Organization	1			Job Title				
Mr. Burnham W. Th	ompson			G. Merritt Th	nompson & Sons		Vice President					
Mailing Address Lin	e One		Mailing Addr	ress Line Two			City	State	Zip Code			
54 Middle Turnpike						Mansfie	d Depot	СТ	06251			
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ac	ldress					
860-429-9378		860-429-9	9378		860-429-5191							
Contact Role(s): Ac	lministrative	Contact, Ow	ner									

	Connectic	ut Depa	rtment	of	Public	Health	Drii	nking	Water	Secti	on	
	Wat	ter Qual	lity Mo	nito	oring a	nd Con	nplia	nce So	chedul	e		
PWS ID	PWS Name						Classif	ication P	opulation	Owner <sup>-</sup>	Гуре Р	rimary Source
СТ0780354	THOMPSONS GE	NERAL STOP	RE				N	IC	25	Р		GW
Local Address (w	here applicable)				Service	Resider	ntial Co	mmercial	Industria	al Con	nbined	Agricultura
54 MIDDLE TURN	IPIKE				Connectio	ns		1				
Towns Served: M	1ANSFIELD						·					
Name				Org	ganization					Jol	Title	
Ms. April Holink	0			G.	Merritt Tho	ompson & S	ons		Owner			
Mailing Address	Line One		Mailing Ad	dress	Line Two				City	S	tate	Zip Code
52 Middle Turnp	ike							Mansfiel	d Depot		СТ	06251
Business Phone	e Extension	Fax	N	Mobile	e Phone	Emergency	/ Phone	Email Ac	ldress			
860-429-4449												
Contact Role(s):	Owner		·									
Name				Org	ganization					Jol	Title	
Mr. George M. J	r Thompson			G.	Merritt Tho	ompson & S	ons		President			
Mailing Address	Line One		Mailing Ad	dress	Line Two				City	S	tate	Zip Code
54 Middle Turnp	ike							Mansfiel	d Depot		СТ	06251
Business Phone	e Extension	Fax	N	Nobile	e Phone	Emergency	/ Phone	Email Ac	ldress		·	
860-429-9378		860-429-9	9378			860-429	-6247	thompso	ns01@cha	rterinte	rnet.ne	et
Contact Role(s):	Legal Contact											

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department	of Public H	lealth Di	rinkin	g \	Nater	Se	ection	1	
	Water Quality Mon				_					
PWS ID	PWS Name							vner Type	Pri	mary Sourc
CT0780384	MANSFIELD X-TRA MART			NC		25		Р		GW
Local Address	(where applicable)	Service	Residential	Commer	cial	Industri	al	Combin	ed	Agricultura
2103 STORRS	ROAD	Connections		1						
Towns Served	MANSFIELD	1	1	1				I		
	Moi	nitoring Requ	irements	3						
Water Syster	m Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)								
Total Colifor	rm (3100)					1	ro	utine (R	Т) р	er quarter
Sampling	Point (Sampling Point ID)		<b>Monitoring P</b>	Period	Coll	ection Pe	riod	d Com	plia	nce Status
Select fro	m Inventory of Active Sampling Points		4/1/18 - 6/3	0/18					Con	nplete
			7/1/18 - 9/3	0/18					Con	nplete
			10/1/18 - 12/	31/18						
			1/1/19 - 3/31/19							
			4/1/19 - 6/3	0/19						
<b>Physical Par</b>	ameters (PPS)					1	ro	utine (R	T) p	er quarter
Sampling	Point (Sampling Point ID)		<b>Monitoring P</b>	Period	Coll	ection Pe	riod	d Com	plia	nce Status
Select fro	m Inventory of Active Sampling Points		4/1/18 - 6/30/18						Con	nplete
			7/1/18 - 9/3	0/18					Con	nplete
			10/1/18 - 12/							
			1/1/19 - 3/3							
			4/1/19 - 6/3	0/19						
Water Syster	n Facility: ENTRY POINT (WSF ID: 007	<b>'00)</b>								
	Nitrite (NOX)						1		-	') per year
Sampling	Point (Sampling Point ID)		<b>Monitoring F</b>	Period	Coll	ection Pe	riod		_	nce Status
ENTRY PO	DINT (3)		1/1/17 - 12/3							nplete
			1/1/18 - 12/3						Con	nplete
			1/1/19 - 12/3	31/19						
Water Syster	n Facility: WELL (WSF ID: 21368)									
E. Coli (301	-					1	ro	_		er quarter
	Point (Sampling Point ID)		<b>Monitoring F</b>		Coll	ection Pe	riod	d Com	-	nce Status
WELL (2)			4/1/18 - 6/3							nplete
			7/1/18 - 9/3						Con	nplete
			10/1/18 - 12/							
			1/1/19 - 3/3							
			4/1/19 - 6/3	0/19						

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
21368	WELL	2	WELL	Α								
57200	TREATMENT PLANT											

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classificati	n P	opulation	Owner Type	Primary Source
CT0780384	MANSFIELD X-TRA MART			NC		25	Р	GW
Local Address (\	vhere applicable)	Service	Residen	tial Comm	ercial	Industri	al Combine	ed Agricultural
2103 STORRS R	DAD	Connections		1				

			Co	ontact Inf	ormation				
Name				Organization	1	Job Title			
Mr. Syed Sami				Saybrook Ro	ad LLC				
Mailing Address Line One Mailing Add			Mailing Addr	ess Line Two			City	State	Zip Code
P.O. Box 21						Durham		СТ	06422
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	dress		
203-645-6443						chorbaty	@outlook.co	m	

## Contact Role(s): Administrative Contact, Legal Contact, Owner Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0780394	TOAST FOUR CORNERS				NC	316	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
625 MIDDLE TU	RNPIKE	Connections			1			

Towns Served: MANSFIELD

Towns Served. MANSI IEED			
Monitoring Re	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

	Water System Facility and Sampling Point Inventory										
Water	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and			Stago		
System Facility ID	•	ID	Description Description	Status	Dula	Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
21369	WELL 1	2	WELL 1	Α							
59883	WELL 2	2	WELL 2	Α							
59885	BLADDER TANK - ROOM 1										
59887	ATMOSPHERIC TANKS - ROOM 1										
59889	BLADDER TANKS - ROOM 2										
59891	ATMOSPHERIC TANKS - ROOM 2										

Contact Information							
Name	Organization	Organization					
Mr. Alfred Rondano		Harwinton Drilling & En	Harwinton Drilling & Eng Co.				
Mailing Address Line One	Mailing A	ddress Line Two	ress Line Two			Zip Code	
376 Birge Park Road P.O. Box 152		152	Harwint	on	СТ	06791	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section												
	Wa	ter Qua	lity M	lonit	oring ar	nd Con	nplia	nce So	chedule	9		
PWS ID F	PWS Name						-				Туре	Primary Source
CT0780394 1	TOAST FOUR CO	RNERS			NC		С	316	Р		GW	
Local Address (wh	nere applicable)				Service	Residen	tial Co	mmercial	Industria	l Coi	nbine	d Agricultural
625 MIDDLE TURI	NPIKE				Connection	S		1				
Towns Served: M												
Business Phone	Extension	Fax				Emergency						
				860-3	309-4924	860-309-	-4924	FREDHAI	RDRILL@SB	CGLOB	AL.NE	<u>T</u>
Contact Role(s):	Administrative	Contact										
Name					rganization					Jo	b Title	2
Mr. Samuel L. Sch					pdike, Kelly 8	k Spellacy,	Рс		Attorney			
Mailing Address L	ine One		Mailing	Addres	s Line Two				City	S	tate	Zip Code
1733 Storrs Road P.O. Box 53			¢ 534		Storrs				CT	06268-0534		
Business Phone	Extension	Fax		Mobi	le Phone	Emergency	/ Phone	Email Ad	dress			
860-548-2656		860-487-	0030			860-208-	-7867	sschrage	r@uks.com	l		
Contact Role(s):	Legal Contact											
Name				0	rganization					Jo	b Title	2
Mr. Mark Sander	son			0	ms Developm	nent, LLC			Owner			
Mailing Address L	ine One		Mailing	Addres	s Line Two				City	5	tate	Zip Code
3180 Washington	Rd							West Pal	m Beach		FL	33405
Business Phone	Extension	Fax		Mobi	le Phone	Emergency	/ Phone	Email Ad	dress			
828-526-2211												
Contact Role(s):	Owner											
Name				0	rganization					Jo	b Title	2
Oms Developmer	nt, LLC											
Mailing Address L	ine One		Mailing	Addres	s Line Two				City	S	tate	Zip Code
PO Box 534								Storrs			CT	06268
Business Phone	Extension	Fax		Mobi	le Phone	Emergency	/ Phone	Email Ad	dress			
								omsande	erson@gma	il.com		
Contact Role(s):	Owner		•									

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End of schedule

## Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0780424	PUBLIC AMERICA/MANSFIELD AQUASITION				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerci		al Industri	al Combine	ed Agricultural
1659 STORRS R	D	Connections			1			

Towns Served: MANSFIELD

	ivionitoring Requirements
Nator System Eacility:	DISTRIBUTION SYSTEM (WSE ID: 00600)

Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS) 1 routine							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>				
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete				
	7/1/18 - 9/30/18		Complete				
	10/1/18 - 12/31/18						
	1/1/19 - 3/31/19						
	4/1/19 - 6/30/19						

Water System Facility:	<b>ENTRY POINT</b>	(WSF ID: 00700)
------------------------	--------------------	-----------------

Nitrate And Nitrite (NOX)	1 rc	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>	
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete	
	1/1/18 - 12/31/18		Complete	
	1/1/19 - 12/31/19			

### **Other Compliance Schedules**

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2012	
CROSS CONNECTION SURVEY REPORT	3/1/2015	

Public Notification Requirements								
	Compliance	Notice	Public No	<b>Public Notification</b>		<u>fication</u>		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Total Coliform M&R Violation	4/1/04 - 6/30/04	2	11/18/2004		11/28/2004			
Physical Parameters M&R Violation	4/1/04 - 6/30/04	3	10/19/2005		10/29/2005			
Total Coliform M&R Violation	4/1/05 - 6/30/05	2	11/23/2005		12/3/2005			
Total Coliform M&R Violation	7/1/05 - 9/30/05	2	2/22/2006		3/4/2006			
Nitrate And Nitrite M&R Violation	1/1/05 - 12/31/05	2	4/27/2006		5/7/2006			
Total Coliform M&R Violation	10/1/05 - 12/31/05	2	4/27/2006		5/7/2006			
Physical Parameters M&R Violation	4/1/05 - 6/30/05	3	10/24/2006		11/3/2006			
Total Coliform M&R Violation	1/1/13 - 3/31/13	2	7/24/2013		8/3/2013			
Physical Parameters M&R Violation	1/1/13 - 3/31/13	3	6/24/2014		7/4/2014			

### **Water System Facility and Sampling Point Inventory**

Water				Total	Lead and	
System	<b>Water System Facility</b>	Sampling Point	Sampling Point	Coliform	Copper	Stage
Facility ID	)	ID	Description	status Rule	Rule Tier	Ashestos WOP 2 DBPR
NOTE: This is	nformation has been provided t	a halp aumore and aparators of	nublic water sustams	maintain compliance with drink	ina water awal	itu manitarina raquiramanta

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Fublic Health Drinking Water Section											
	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name	ssification	Population	Ow	ner Type	Prin	nary Source					
CT078042	24	PUBLIC AMERICA/MANSFIE	LD AQUASITION				NC	25		Р		GW
Local Add	ress (w	here applicable)		Service	Residen	tial	Commerci	al Industr	ial	Combine	ed /	Agricultural
1659 STO	RRS RD			Connections			1					
Towns Se	rved: N	MANSFIELD					,				'	
- dointy 12							Status '	are mane		71550500		QI BOOK
00600	DISTR	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	1	Α	Υ				
			DOWNSTREAM	WITHIN 5 SERVICE CO		V	Α					
			UPSTREAM	WITHIN 5 SER	VICE CON	V	Α					
00700	ENTR'	Y POINT	3	ENTRY POINT			Α					
22888	WELL	#1	2	WELL #1			Α					
47553	TREA	TMENT PLANT	5	ENTRY POINT			Α					
54214	ATMO	OSPHERIC STORAGE TANK										
54216	WX20	3 BLADDER TANK										

Connecticut Department of Public Health Drinking Water Section

Contact Information											
Name				Organization	l	Job Title					
Mr. Mark Sanderson				Oms Development, LLC			Owner				
Mailing Address Line One Mailing Addr			ess Line Two		City		State	Zip Code			
3180 Washington R	d					West Pa	lm Beach	FL	33405		
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address					
828-526-2211											

Contact Role(s): Administrative Contact, Legal Contact, Owner

### Please note the following:

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End of schedule

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Schedule Generation Date: 10/30/2018

	Connecticut I	Department of	Public Health	Drink	ing W	ater Se	ection				
			oring and Com								
PWS ID	PWS Name	Quality 1101110					ner Type Pr	imary Source			
CT078043		PLACE		NC		25	Р	GW			
Local Addr	ress (where applicable)		Service Resident	ial Comn	nercial I	ndustrial	Combined	Agricultural			
	ORD ROAD		Connections		1						
Towns Ser	ved: MANSFIELD			l	l	1					
		Monito	oring Requireme	nts							
Water Sy	stem Facility: <b>DISTRIBU</b>	TION SYSTEM (WSF II	D: 00600)								
Total Col	liform (3100)					1 rou	ıtine (RT) p	er quarter			
Samp	oling Point (Sampling Point I	ID)	Monitorii	ng Period	Collect	ion Period	Complic	ance Status			
Selec	t from Inventory of Active Sa	ampling Points	4/1/18 -	6/30/18			Cor	mplete			
			7/1/18 -	9/30/18			Cor	mplete			
			10/1/18 -	12/31/18							
			1/1/19 -	3/31/19							
		6/30/19									
Physical Parameters (PPS) 1 routine (RT) per quarter											
	oling Point (Sampling Point I		Monitorii		Collect	ion Period		ance Status			
Selec	ct from Inventory of Active Sa	ampling Points	4/1/18 -					mplete			
			7/1/18 -				Cor	mplete			
			10/1/18 -								
			1/1/19 -								
			4/1/19 -	6/30/19							
•	stem Facility: ENTRY PO	INT (WSF ID: 00700)									
	And Nitrite (NOX)				6 II		routine (R				
	oling Point (Sampling Point I	<i>ן</i> טו	Monitorii	_	Collect	ion Period	-	ance Status			
ENIK	RY POINT (3)		1/1/17 - 1					mplete			
			1/1/18 - 1				Cor	mplete			
	147		1/1/19 - :								
	wa	ter System Facili	ty and Sampling	Point II							
Water	Mator Custom Facility	Compline Doint	Compline Daint		Total	Lead and		Charac			
System Facility ID	Water System Facility	Sampling Point ID	Description		Coliform Rule		Achestas	Stage WQP 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	<u>Status</u> A	Y	Kule Hei	ASDESTOS	viqr 2 DDrii			
00000	DISTRIBUTION STSTEIN		WITHIN 5 SERVICE CON		'						
		UPSTREAM	WITHIN 5 SERVICE CON								
00700	ENTRY POINT	3	ENTRY POINT	A							
22951	WELL #1	2	WELL								
22331	VV ELL #1			A							
			tact Information								
Name		Or	ganization				Job Title				

Name				Organization	l		Job Title		
Mr. Michael R. Jun	gden			Mansfield Drive In Theatre Inc President					
Mailing Address Lin	e One		Mailing Addre	ess Line Two		City Stat			Zip Code
228 Stafford Rd	afford Rd					Mansfield Center		CT	06250
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address			
860-456-2578					860-428-6346	MICHAEL	_@MANSFIEL	.DDRIVEIN.C	OM

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water Quanty Monitoring and Compilance Schedule										
PWS ID	PWS Name	Classification		Population	Owner Type	Primary Source					
СТ0780434	MANSFIELD MARKETPLACE		NC	25	Р	GW					
Local Address	Local Address (where applicable)			itial Commerc		al Industri	al Combine	ed Agricultural			
228 STAFFORD ROAD		Connections			1						
- 6 1	A A A A I CELEL D	*						*			

### Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C					ssification	Population	Owner Type	Primary Source
СТ0780464	603 MIDDLE TURNPIKE - MANSFIELD				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
603 MIDDLE TU	RNPIKE (ROUTE 44)	Connections			3			

Monitori	ng Requirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	<u> </u>				
Total Coliform (3100)	,	1 rout	ine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status		
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete		
	7/1/18 - 9/30/18		Complete		
	10/1/18 - 12/31/18				
	1/1/19 - 3/31/19				
	4/1/19 - 6/30/19				
Physical Parameters (PPS)	1 routine (RT) per quarter				
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status		
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete		
	7/1/18 - 9/30/18		Complete		
	10/1/18 - 12/31/18				
	1/1/19 - 3/31/19				
	4/1/19 - 6/30/19				
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year		
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status		
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete		
	1/1/18 - 12/31/18		Complete		
	1/1/19 - 12/31/19				

Public Notification Requirements											
	Compliance	Notice	<b>Public Notification</b>		PN Certification						
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	7/1/06 - 9/30/06	2	1/3/2007		1/13/2007						
Total Coliform M&R Violation	10/1/06 - 12/31/06	2	4/15/2007		4/25/2007						
Physical Parameters M&R Violation	7/1/06 - 9/30/06	3	12/4/2007		12/14/2007						
Physical Parameters M&R Violation	10/1/06 - 12/31/06	3	3/15/2008		3/25/2008						
Physical Parameters M&R Violation	1/1/07 - 3/31/07	3	6/3/2008		6/13/2008						
Total Coliform M&R Violation	1/1/10 - 3/31/10	2	7/3/2010		7/13/2010						
Physical Parameters M&R Violation	1/1/10 - 3/31/10	3	6/3/2011		6/13/2011						

#### **Water System Facility and Sampling Point Inventory** Total Lead and Water Sampling Point Sampling Point Water System Facility System Coliform Copper Stage ID **Description** Rule Tier Asbestos WQP 2 DBPR Facility ID Rule **Status** 4 Υ 00600 **DISTRIBUTION SYSTEM DISTRIBUTION SYSTEM** DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 **ENTRY POINT** 3 **ENTRY POINT** Α 23034 WELL #1 2 WELL #1 Α

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name				Cla	ssification	Population	Owner Type	Primary Source			
CT0780464	CT0780464 603 MIDDLE TURNPIKE - MANSFIELD					25	Р	GW			
Local Address (v	Local Address (where applicable)		Residen	tial Commerci		al Industri	al Combine	ed Agricultural			
603 MIDDLE TU	Connections			3							

Connecticut Department of Public Health Drinking Water Section

Towns Served: MANSFIELD

		Water Sy	stem Facil	lity and S	Sampling Poi	nt In	ventor	У		
Facility ID	ystem Facility		Sampling Point ID	: Sampling Description		tatus	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
57196 TREATM	ENT PLANT									
			Cor	ntact Inf	ormation					
Name			C	Organization	ı				Job Title	
Mr. David Scrantor	ì		S	cranton Ass	ociates, LLC		Owner			
Mailing Address Lin	e One		Mailing Addres	ss Line Two			Ci	ty	State	Zip Code
68 Barstow Lane						Toll	and		СТ	06084
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Phor	e Ema	ail Addres	SS		
860-872-0838					860-429-7760					
Contact Role(s): A	dministrative	Contact								
Name			C	Organization	l				Job Title	
Mr. Bruce S. Beck			В	Beck And Eld	lergill, P.C.		Atte	orney		
Mailing Address Lin	e One		Mailing Addres	ss Line Two			Ci	ty	State	Zip Code
447 Center Street						Mar	nchester		СТ	06040
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Phor	e Ema	ail Addres	SS		
860-646-5606										
Contact Role(s): Le	egal Contact									
Name			C	Organization	1				Job Title	
Scranton Associate	s LLC									
Mailing Address Lin	e One		Mailing Addres	ss Line Two			Ci	ty	State	Zip Code
447 Center Street						Mar	nchester		СТ	06040
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Phor	e Ema	ail Addres	SS		
Contact Role(s): O	wner									

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

## Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C				Cla	ssification	Population	Owner Type	Primary Source
CT0780554	BICENTENNIAL PARK				NC	25	L	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
230 CLOVER HIL	L ROAD	Connections			1			

Towns Served: MANSFIELD

ivionitoring Re	quirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform (3100)		1 routine (RT) per qua			
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>		
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete		
	7/1/18 - 9/30/18		Complete		
	10/1/18 - 12/31/18				
	4/1/19 - 6/30/19				
Physical Parameters (PPS)		1 rout	ine (RT) per quarter		
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>		
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete		
	7/1/18 - 9/30/18		Complete		

Water System Facility:	ENTRY POINT	(WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/17 - 12/31/17	4/1-10/31	Complete
	1/1/18 - 12/31/18	4/1-10/31	Complete
	1/1/19 - 12/31/19	4/1-10/31	

10/1/18 - 12/31/18

4/1/19 - 6/30/19

10/1-10/31

### **Other Compliance Schedules**

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2020	

CROSS CONNECTION SURVEY REPORT

## **Water System Facility and Sampling Point Inventory**

Water					Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Р	Υ			
		BICENT001	MENS ROOM	Α	Υ			
		BICENT002	WOMENS ROOM	Α	Υ			
		BICENT003	PUMP ROOM TAP	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Р				
47904	WFII #1	2	WFII #1	Р				

			Contact iiii	Jilliation					
	Organization			Job Title					
			Town of Man	sfield		Deputy Dir. Facility			
Mailing Address Line One Mailing			Address Line Two		City		State	Zip Code	
oad				Mansfield CT			06268		
Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
	oad	oad	pad	Organization Town of Man e One Mailing Address Line Two pad	oad	Organization Town of Mansfield e One Mailing Address Line Two Dad Mansfiel	Organization Town of Mansfield Peputy Dir. e One Mailing Address Line Two Mansfield Mansfield	Organization Town of Mansfield Deputy Dir. Facility e One Mailing Address Line Two Dad Mansfield CT	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 10/30/2018

	Connectic	ut Depa	rtme	nt (	of Public	Health	ı Dri	nking	g Water	Se	ection	
	Wat	ter Qua	lity M	lon	itoring a	nd Con	nplia	ince S	Schedul	e		
PWS ID	PWS Name						Classi	fication	Population	Owi	ner Type F	Primary Source
CT0780554	780554 BICENTENNIAL PARK							NC	25		L	GW
Local Address (w	here applicable)				Service	Resider	ntial C	ommerci	ial Industri	al	Combined	d Agricultural
230 CLOVER HIL	30 CLOVER HILL ROAD				Connection	ns		1				
Towns Served: N	//ANSFIELD				1							
860-429-3322 860-487-4443					860-234	-1854	Trietch	nWJ@mansfi	eldc	t.org		
Contact Role(s):	Administrative	Contact, Ow	ner									
Name					Organization Job Title							
Ms. Maria Capri	ola				Town of Mans	field			Interim To	own	Manager	
Mailing Address	Line One		Mailing	Addr	ess Line Two				City		State	Zip Code
Audrey P. Beck N	Municipal Building	g	4 South	Eagle	eville Road			Mansf	ield		СТ	06268
Business Phon	e Extension	Fax		Mobile Phone Emergend			y Phon	e Email <i>i</i>	Email Address			
860-429-3336	5							TownN	/Ingr@mans	field	ct.org	
Contact Role(s):	Legal Contact											

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- B. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Do	epartment of	Public Healtl	n Drink	ing Wa	ater Se	ction	
	Water Q	uality Monit	oring and Coi	npliand	ce Sch	edule		
PWS ID	PWS Name						ner Type Pr	rimary Source
CT078702	4 LIONS PARK			NC	2	25	L	GW
Local Addr	ress (where applicable)		Service Reside	ntial Comn	mercial Ir	ndustrial	Combined	Agricultural
PARK ROA	D		Connections		1			
Towns Ser	ved: MANSFIELD				·			
		Monito	oring Requirem	ents				
Water Sys	stem Facility: DISTRIBUTION	ON SYSTEM (WSF II	D: 00600)					
<b>Total Col</b>	liform (3100)					1 rou	ıtine (RT) <mark>լ</mark>	per quarter
Samp	oling Point (Sampling Point ID)		Monito	ring Period	Collect	ion Period	Compli	ance Status
Selec	t from Inventory of Active Sam	pling Points	4/1/18	- 6/30/18			Co	mplete
			7/1/18	- 9/30/18			Co	mplete
			10/1/18	- 12/31/18				
			1/1/19	- 3/31/19				
			4/1/19	- 6/30/19				
Physical	Parameters (PPS)					1 rou	ıtine (RT) ہ	per quarter
Samp	oling Point (Sampling Point ID)		Monito	ring Period	Collect	ion Period	Compli	ance Status
Selec	t from Inventory of Active Sam	pling Points	4/1/18	- 6/30/18			Co	mplete
			7/1/18	- 9/30/18			Co	mplete
			10/1/18	- 12/31/18				
			1/1/19	- 3/31/19				
			4/1/19	- 6/30/19				
Water Sys	stem Facility: ENTRY POIN	T (WSF ID: 00700)						
Nitrate A	And Nitrite (NOX)					1	routine (R	T) per year
Samp	oling Point (Sampling Point ID)		Monito	ring Period	Collect	ion Period	Compli	ance Status
ENTR	Y POINT (3)		1/1/17	- 12/31/17			Co	mplete
			1/1/18	- 12/31/18			Co	mplete
			1/1/19	- 12/31/19				
		Other Co	ompliance Sche	dules				
Compliand	ce Schedule Activity		-	Due Date		Achieved	Date	
CROSS CO	NNECTION SURVEY REPORT			3/1/2024				
	Wate	er System Facili	ty and Sampling	g Point I	nvento	ry		
Water					Total	Lead and		
System	Water System Facility	Sampling Point			Coliform	Copper		Stage
Facility ID		ID	Description	Status	s Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CO	N A				
		UPSTREAM	WITHIN 5 SERVICE CO	N A				
00700	ENTRY POINT	3	ENTRY POINT	А				
48865	WELL	2	WELL	Α				
		Con	tact Informatio	n				
Name		Or	ganization				Job Title	
Mr Bill I	Triotch		wn of Manefield		Do	outy Dir Es	cility	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Town of Mansfield

Mailing Address Line Two

**Mobile Phone** 

Deputy Dir. Facility

State

CT

Zip Code

06268

City

TrietchWJ@mansfieldct.org

Mansfield

Emergency Phone Email Address

860-234-1854

Mr. Bill J. Trietch

Mailing Address Line One

Extension

Fax

860-487-4443

4 South Eagleville Road

**Business Phone** 

860-429-3322

(	Connecticu	t Depa	rtment o	f Public	Health	Dri	nking	Water	Section		
	Wate	er Qua	lity Moni	toring a	nd Con	nplia	nce S	chedul	e		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source	
CT0787024	LIONS PARK					N	IC	25	L	GW	
Local Address (wl	nere applicable)			Service	Resider	ntial Co	mmercia	l Industria	al Combine	ed Agricultural	
PARK ROAD			Connection	ns		1					
Towns Served: M	ANSFIELD			,		'					
Contact Role(s):	Administrative C	ontact									
Name			(	Organization				Job Title			
Ms. Maria Caprio	ola		٦	Town of Mansfield				Interim To			
Mailing Address I	ine One		Mailing Addre	ss Line Two			City		State	Zip Code	
Audrey P. Beck M	Iunicipal Building		4 South Eagle	ville Road			Mansfield		СТ	06268	
Business Phone	Extension	Fax	Mok	oile Phone	Emergency	y Phone	Email A	ddress	,		
860-429-3336							TownM	ngr@mansf	fieldct.org		
Contact Role(s):	Legal Contact						1				

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Depar	tment of Public I	Jealth	D	rinking	water	Section	
		ty Monitoring an			7			
PWS ID	PWS Name	ty Monitoring an	iu Con	_			Owner Type P	rimary Source
CT0787044	873 STAFFORD ROAD - MANSI	FIFI D		Ciu	NC	32	P	GW
	(where applicable)	Service	Resider	ntial	Commerc			
	(mere approacte)	Connections					1	7.6
Towns Served:	MANSFIELD	<u> </u>						
		Monitoring Req	uireme	ents	;			
Water Systen	n Facility: DISTRIBUTION SYS	STEM (WSF ID: 00600)						
<b>Total Colifor</b>	m (3100)					1	routine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitor	ing F	Period (	Collection Per	iod Compli	ance Status
Select fro	m Inventory of Active Sampling P	oints	4/1/18	- 6/3	0/18		Co	mplete
			7/1/18	- 9/3	0/18		Co	mplete
			10/1/18	- 12/	31/18			
			1/1/19	- 3/3	1/19			
			4/1/19	- 6/3	0/19			
•	ameters (PPS)					1	routine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitor			Collection Per	iod Compli	ance Status
Select fro	m Inventory of Active Sampling P	oints	4/1/18				Co	mplete
			7/1/18				Co	mplete
			10/1/18					
			1/1/19					
			4/1/19	- 6/3	0/19			
Water Systen	n Facility: ENTRY POINT (WS	SF ID: 00700)						
Nitrate And	Nitrite (NOX)						1 routine (F	T) per year
Sampling	Point (Sampling Point ID)		Monitor	ing F	Period (	Collection Per	iod Compli	ance Status
ENTRY PC	DINT (3)		1/1/17 -				Co	mplete
			1/1/18 -				Co	mplete
			1/1/19 -	12/3	31/19			
		Public Notification I	Require	eme	ents			
		Compliance	Notice	е	<u>Public</u> N	<u>lotification</u>	PN Cert	ification
Violation/Situ		Period	Tier		Required	Performed	Due to DPH	Received
Nitrate And Ni	trite M&R Violation	1/1/15 - 12/31/15	2		6/1/2016		6/11/2016	
Physical Param	neters M&R Violation	4/1/15 - 6/30/15	3		9/23/2016	j	10/3/2016	
	Water Sys	stem Facility and Sa	mpling	, Po	int Inve	entory		
Water					Т	otal Lead	and	
System Wa	ter System Facility So	amplina Point Samplina Po	int		Col	liform Conn	er	Staat

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
58731	WELL 1	2	WELL 1	Α							

	Co	ontact Information				
Name	Organization		Job Title			
Mr. Rafiahmed Khoda		Eagleville Enterprises, LLC		Owner		
Mailing Address Line One	Mailing Addr	ess Line Two	City	State	Zip Code	
873 Stafford Road			Mansfiel	ld	СТ	06268
		Lu el el				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticu	ıt Departme	ent of	Public l	Health	Drii	nking	<b>Water</b>	Section	
	Wat	er Quality M	<b>Jonit</b> o	oring an	nd Con	nplia	nce S	Schedul	le	
PWS ID PWS Name Clas						Classif	ication	Population	Owner Type	Primary Source
СТ0787044	873 STAFFORD ROAD - MANSFIELD					N	NC 32		Р	GW
Local Address (v	vhere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultural
				Connection	S				1	
Towns Served: N	MANSFIELD									
Business Phon	e Extension	Fax	Modile	e Phone I	Emergency	/ Phone	Email A	Adaress		
860-429-5663	3				860-977	-9595				
Contact Role(s):	Administrative (	Contact, Legal Conta	act. Owne	er						

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departmen	nt of Public H	ealth D	rinkin	water	Section	n		
	Water Quality M			`			11		
PWS ID	PWS Name				Population		oe Pi	rimary Source	
CT0787084	RED BARN CREAMERY			NC	28	Р		GW	
Local Address	(where applicable)	Service	Residential	Commerc	ial Industria	al Comb	ined	Agricultura	
483 BROWNS I		Connections		1					
Towns Served:	MANSFIELD		I		I				
	М	onitoring Requ	irement	S					
Water Systen	n Facility: DISTRIBUTION SYSTEM (	WSF ID: 00600)							
<b>Total Colifor</b>	m (3100)				1	routine (	RT) į	per quarter	
Sampling	Point (Sampling Point ID)		Monitoring	Period (	Collection Per	iod Co	mpli	ance Status	
Select from Inventory of Active Sampling Points				30/18			Co	mplete	
			7/1/18 - 9/	30/18			Complete		
		:	10/1/18 - 12						
			1/1/19 - 3/31/19						
			4/1/19 - 6/	30/19					
Physical Para	ameters (PPS)				1	routine (	RT) į	per quarter	
Sampling	Point (Sampling Point ID)		Monitoring	Period (	Collection Per	iod Co	mpli	ance Status	
Select fro	m Inventory of Active Sampling Points		4/1/18 - 6/	30/18		Complete			
			7/1/18 - 9/	30/18			Co	mplete	
		:	10/1/18 - 12	/31/18					
			1/1/19 - 3/	31/19					
			4/1/19 - 6/						
Water Systen	n Facility: ENTRY POINT (WSF ID: 0	0700)							
Nitrate And	Nitrite (NOX)					1 routii	ie (R	T) per year	
Sampling	Point (Sampling Point ID)		Monitoring	Period (	Collection Per	iod Co	mpli	ance Status	
ENTRY PC	DINT (3)		1/1/17 - 12/31/17				Complete		
			1/1/18 - 12/31/18					Complete	
			1/1/19 - 12/	/31/19					
	Oth	er Compliance	Schedul	es					
Compliance Sc	hedule Activity		Due	e Date	Achiev	ved Date			
RESPOND TO S	SANITARY SURVEY		9/23	1/2017					
	Public	Notification R	equirem	ents					
		Compliance	Notice	Public N	<u>lotification</u>	PN	Cert	ification	
Violation/Situ	ation	Period	Tier	Required	Performed	Due to	DPH	Received	

Compliance Schedule Activity	<b>Due Date</b>	Achieved Date
RESPOND TO SANITARY SURVEY	9/21/2017	
Public Notification Requi	irements	

Public Notification Requirements										
	Compliance	Notice	otice <u>Public Notification</u> <u>PN</u>			fication				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	10/1/17 - 12/31/17	3	3/9/2019		3/19/2019					
Total Coliform M&R Violation	10/1/17 - 12/31/17	3	3/9/2019		3/19/2019					

Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
60538	WELL 1	2	WELL 1	А						

Contact Information									
Name Organization Job					Job Title	è			
Mr. Bryan Kielbania Red Barn Creamery				Co-Partner					
Mailing Address Line One	Mailing Addre	ess Line Two		City	State	Zip Code			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Fublic Hearth Drinking Water Section										
	Wa	ter Quality l	Monit	oring an	nd Con	nplia	nce S	Schedul	e	
PWS ID PWS Name						Classifi	ication	Population	Owner Type	Primary Source
CT0787084 RED BARN CREAMERY						N	С	28	Р	GW
Local Address (where applicable) Service Resid				Residen	tial Co	mmercial Industria		al Combin	ed Agricultural	
483 BROWNS ROAD Cont				Connection	S		1			
Towns Served: M	ANSFIELD									
		408 Br	owns Roa	nd			Storrs		СТ	06268
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address										

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact, Owner

### Please note the following:

860-428-9502

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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